



Do you currently have a valid driver's license? ☐ Yes ☐ No

If Yes, please provide your driver's license number & State of issue: \_\_\_\_\_

If No, please explain reason(s) why you do not have a valid Driver's License. \_\_\_\_\_

The Township of Florence requires its employees to maintain a Driver's License which is valid and in good standing during the entire length of their employment.

Do you understand this statement? ☐ Yes ☐ No

A valid Driver's License is often a standard requirement to hold a particular position or to do a certain work assignment. Therefore, loss of a Driver's License while employed for Florence Township could result in a reassignment of duties, or the loss of employment.

Do you understand this statement? ☐ Yes ☐ No

Are there workplace accommodations, which would assure better job placement and/or enable you to perform your job to your maximum capability? ☐ Yes ☐ No

If Yes, Please indicate: \_\_\_\_\_

Indicate what foreign languages you speak, read, and/or write, if any.

	Fluently	Good	Fair
Speak	_____	_____	_____
Read	_____	_____	_____
Write	_____	_____	_____

List professional, trade, business, or civic activities and offices held. (Exclude those which indicate race, color, religion, sex or national origin.) \_\_\_\_\_

Give name, address and telephone number of three references who are not related to you and are not previous employers.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

	Elementary	High	College University	Graduate/Professional
School Name	_____	_____	_____	_____
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/ Degree		_____	_____	_____
Describe Course Of Study		_____	_____	_____
Describe Specialized Training, Apprenticeship, Skills, and Extra- Curricular Activities	_____			
Honors Received:	_____			

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**Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Handicaps**

Government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

If you wish to be identified, please sign below.

\_\_\_ Handicapped Individual

\_\_\_ Disabled Veteran

\_\_\_ Vietnam Era Veteran

Signed \_\_\_\_\_

## EMPLOYMENT EXPERIENCE

Start with your present or most recent job. Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, sex, or national origin.

1. Employer \_\_\_\_\_ Dates Employed From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Work Performed \_\_\_\_\_

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2. Employer \_\_\_\_\_ Dates Employed From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Work Performed \_\_\_\_\_

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3. Employer \_\_\_\_\_ Dates Employed From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Work Performed \_\_\_\_\_

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If you need additional space, please continue on a separate sheet of paper.

### **Special Skills and Qualifications**

Summarize special skills and qualifications acquired from employment or other experience.

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State any additional information you feel may be helpful to us in considering your application.

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### **Agreement**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not a contract of employment and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

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Signature of Applicant

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Date

## APPLICANT DATA RECORD

Applicants are considered for all positions, and employees are treated without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap during employment.

Florence Township is an equal opportunity employer (EOE).

(PLEASE PRINT)

Date \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

[illegible]

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Address				
Number	Street	City	State	Zip Code

FOR PERSONNEL DEPARTMENT USE ONLY	
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Position(s) Applied For is Open      ☐ Yes      ☐ No

Position(s) Considered For \_\_\_\_\_

Date \_\_\_\_\_

Arrange Interview \_\_\_\_\_Yes \_\_\_\_\_No

Remarks \_\_\_\_\_

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Interviewer \_\_\_\_\_ Date \_\_\_\_\_

Employed \_\_\_\_Yes \_\_\_\_No      Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_ Date \_\_\_\_\_  
Name and Title